

**TOWN OF LIBERTY GROVE**  
**APPLICATION FOR SHORT-TERM RENTAL LICENSE**

(Renewal applications must be submitted to the Town Clerk 45 days prior to license expiration per Ord 8-22)

Address of dwelling: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Number of actual bedrooms: \_\_\_\_\_

MAX occupancy: \_\_\_\_\_ (2 persons per bedroom of POWTS design)

Identification numbers for all marketplace platforms: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner Email address: \_\_\_\_\_

Designated operator/agent (if not owner) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent/Operator Email address: \_\_\_\_\_

**Include the following with this application:**

\_\_\_\_\_ Copy of current Department of Agriculture, Trade and Consumer Protection (DATCP) rooming house license  
([https://datcp.wi.gov/Pages/Programs\\_Services/TouristRoomingHouses.aspx](https://datcp.wi.gov/Pages/Programs_Services/TouristRoomingHouses.aspx))

\_\_\_\_\_ Copy of current Door County Tourism Zone Commission (DCTZC) license  
(<https://www.doorcountytourismzone.com>)

\_\_\_\_\_ Proof of design capacity of Private Onsite Wastewater Treatment System (POWTS)  
(<https://www.citysquared.com/#/app/DoorCountyWI/landing>)

\_\_\_\_\_ Proof of casualty and liability insurance issued by insurance company authorized to do business in the State of Wisconsin, identifying the property as used for rental, short-term or otherwise.

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**\*\*FOR OFFICE USE ONLY\*\***

Date Application received: \_\_\_\_\_ Payment received: \_\_\_\_\_

Date presented to Town Board: \_\_\_\_\_ NEW (\$250) RENEWAL (\$150)

**APPROVED**

**DENIED**

License number issued: \_\_\_\_\_ Date permit sent: \_\_\_\_\_

\_\_\_\_\_ Good Neighbor policy (for posting) sent \_\_\_\_\_ Current STR Ordinance sent